

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-976)

SERIAL NO. 980364 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	/
2	/	/	/	/	/	/
3	/	/	/	/	/	/
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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IND.	DEP.	IND.
51	60	-
52	88	-
53		
54	1	1
55	55	-
56	55	-
57		
58	55	-
59	4	-
60	4	-
61	6	-
62	6	-
63	1	1
64	1	1
65		
66	3	-
67		
68		
69		
70		
71		
72	88	-
73	88	-
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100		
TOTAL IND.		4
TOTAL DEP.		70
TOTAL CLAIMS		74